

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> BOOMTOWN KITCHEN	<b>Telephone Number</b>		<b>Date of Inspection</b>	<b>ID#</b>	
<b>Address</b> 114 E. MAIN ST, NEW ALBANY IN 47150	Est 812- 590-1314  Own 812-786-9430		06/28/2022		
<b>Owner</b> MICHELLE COLLINS	<b>Purpose</b> <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)		<b>Follow Up</b>	<b>Released</b> 07/08/2022	
<b>Owner's Address</b> 112 ALTRA DR CLARKSVILLE, IN 47129			<b>Menu Type</b> 1 __ 2 __ 3 <input checked="" type="checkbox"/> 4 __ 5 __		
<b>Person in Charge</b> MICHELLE COLLINS					
<b>Responsible Person's Email</b>					
<b>Certified Food Handler</b> JEN BARNES ANDREW COLLINS					
<small>CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"          VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"</small>					
<b>Section #</b>	<b>C</b>	<b>NC</b>	<b>R</b>	<b>Narrative</b>	<b>To Be Corrected</b>
<b>Summary of Violations</b> C ____ NC ____ R ____					
Received by (name and title printed):			Inspected by (name and title printed): Thomas Snider EHS		
Received by (signature):			Inspected by (signature): <i>Thomas Snider</i>		
cc:		cc:		cc:	